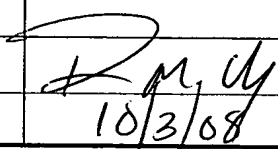
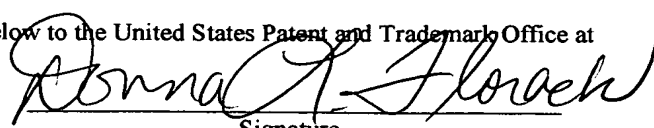




<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/743,991
		Filing Date	December 23, 2003
		First Named Inventor	Dennis Michael Connolly
		Group Art Unit	1637
		Examiner Name	S. Woolwine
Total Number of Pages in This Submission	16	Attorney Docket Number	201448/291

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (\$555.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Payment by Credit Card. Form PTO-2038 is attached
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. <u>50-3519</u> for the above identified docket number.

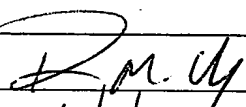
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Integrated Nano-Technologies
Signature	 Registration No. 40,964
Date	10/3/08

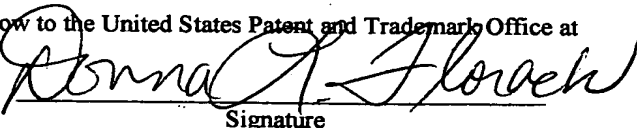
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at	
10/3/08 Date	 Signature Donna L. Florack Typed or printed name



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/743,991	
	Filing Date	December 23, 2003	
	First Named Inventor	Dennis Michael Connolly	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Integrated Nano-Technologies
Signature	
Date	10/3/08
Registration No. 40,964	

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2009**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 555.00

**Complete if Known**

Application Number	10/743,991
Filing Date	December 23, 2003
First Named Inventor	Dennis Michael Connolly
Examiner Name	S. Woolwine
Art Unit	1637
Attorney Docket No.	201448/291

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-3519 Deposit Account Name: Integrated Nano-Tech.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
--------------	--------------	----------	---------------

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Three Month Extension of Time

Fees Paid (\$)

555.00

**SUBMITTED BY**

Signature

Registration No.

(Attorney/Agent) 40,964

Telephone 585-334-0170

Name (Print/Type)

Dennis M. Connolly

Date 10/3/2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 06 2008

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

### Complete if Known

Application Number 10/743,991  
 Filing Date December 23, 2003  
 First Named Inventor Dennis Michael Connolly  
 Examiner Name S. Woolwine  
 Art Unit 1637  
 Attorney Docket No. 201448/291

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 555.00

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- 20 or HP = _____	x _____	= _____		<b>Fee (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP = _____	x _____	= _____	

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Other (e.g., late filing surcharge): Request for Three Month Extension of Time

555.00

#### SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 40,964	Telephone 585-334-0170
Name (Print/Type) Dennis M. Connolly		Date 10/3/2008

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